
INSTRUCTIONS

1. Carefully read the job announcement for this position. Pay particular attention to the desired/minimum qualifications to make sure you have included your pertinent education and or experience on the application.
2. The Title of Position should be the title shown on the job announcement. Provide all information requested by typing or printing in ink.
3. Be sure to date and sign the application on the back.
4. Disclosure of your social security number (SSN) is voluntary unless you are applying for public safety positions. Your SSN is used to track your application and exam materials.
5. Return this application to:
City of Tacoma, Human Resources Department
747 Market Street, Room 1336
Tacoma, WA 98402-3764
6. Your application must be received in the City Human Resources Department before 5 p.m. on the last date to file as stated on the job announcement.
7. Advise the Human Resources Department of any change in your address or telephone number by calling (253) 591-5400. Failure to notify us may mean that you would not be contacted for testing or interviews.
8. You will be notified by mail of the time and place of any examination.
9. Reasonable accommodation will be provided to applicants with disabilities. A written request that includes the accommodation needed is required at time of application.

Note: If you are a veteran and wish to claim Veteran's Preference please submit a copy of your DD214/DD215 **(Member copy 4)** with your application.

EQUAL EMPLOYMENT OPPORTUNITY

Federal Government regulations require that we track the following applicant data. We would appreciate your cooperation by voluntarily indicating your gender and ethnicity as defined below.

Definitions of Racial/Ethnic/Individual with disability categories

ASIAN/PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Eastern Asia, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

BLACK (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN/ALASKAN NATIVE* – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

WHITE (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

INDIVIDUAL WITH A DISABILITY – All persons who have a physical or mental impairment which substantially limits one or more major life activity, have a record of such an impairment, or are regarded as having such an impairment. Reasonable accommodation will be provided to applicants with disabilities as defined by the Americans with Disabilities Act.

F <input type="checkbox"/> Female	1 <input type="checkbox"/> White (not of Hispanic origin)	3 <input type="checkbox"/> Hispanic	5 <input type="checkbox"/> Native American/Alaskan Native*
M <input type="checkbox"/> Male	2 <input type="checkbox"/> Black (not of Hispanic origin)	4 <input type="checkbox"/> Asian/Pacific Islander	DI <input type="checkbox"/> Individual with a Disability

*As set forth in EEOC Form 164, (EEO-4): Proof of tribal affiliation required.



City of Tacoma

APPLICATION FOR EMPLOYMENT OR PROMOTION

TITLE OF POSITION					
SOCIAL SECURITY NUMBER (SSN)		PHONE (Home)		PHONE (Work/Message)	
FIRST NAME		MIDDLE INITIAL	LAST NAME		
STREET ADDRESS		CITY		STATE	ZIP
E-MAIL ADDRESS		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NO., STATE and EXPIRATION DATE	
Are you an employee of the City of Tacoma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which department _____ Employee Number _____					
Were you ever employed in the past by the City of Tacoma? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, department _____ when _____					
If you wish to claim Veteran's Preference, <u>all</u> the following questions must be answered. Copies of DD214s/DD215s (Member copy 4) are required at time of application as proof of eligibility.					
Are you receiving any Military Retirement payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been honorably released from Active Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dates of Active Service From: _____ To: _____ (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) (BRANCH OF SERVICE)					
Have you been convicted of a felony within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Note: A conviction record will not automatically disqualify you for employment, but will be considered only to determine whether the record is pertinent to the position for which you have applied and to your suitability for that position.					
How did you find out about the position for which you are applying? _____					
I am willing to accept (check all that apply): 1 <input type="checkbox"/> Full-time, permanent 2 <input type="checkbox"/> Part-time, permanent 3 <input type="checkbox"/> Temporary					
Do you have a relative(s) employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Department: _____					
EDUCATION: High School Graduate /G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Dates Attended		Full Years	Degrees Conferred
College - Names of Colleges or Universities	Major	From	To	Completed	Title Date Hours
List any vocational training; on-the-job training; or apprenticeships you have completed which pertain to this position:				Dates/Hours From To	Local/Card No. if applicable
List any licenses or professional/technical certifications you hold which are necessary or useful in this position. Give kind of license or certification, issuing state and expiration date.					

LEAVE BLANK - Internal Use Only

Active

☐

Inactive

☐

VP

☐

Service
Date

☐

Promo
Status

☐

☐ Ed. & Exp. ☐ Incomplete ☐ Late ☐ Other

Notations: _____

EMPLOYMENT HISTORY

List your present or most recent employer first. Be sure to include the experience which you feel qualifies you for this position. Include military service, volunteer experience and periods of unemployment. Be as complete as possible in outlining the duties of each position. Failure to do so may affect your acceptance for the examination, the credit you receive for experience, or your status as an employee, if hired.

Resumes are not accepted in lieu of completing this application.

Employed By	Your Job Title		
City & State	Employed From (Mo./Yr.)	To (Mo./Yr.)	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	Reason for Leaving
Your Duties			
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Starting Salary \$	Final \$	Avg. Hrs./Wk.	Reason for Leaving
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Starting Salary \$	Final \$	Avg. Hrs./Wk.	Reason for Leaving
Your Duties			
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City & State	Employed From (Mo./Yr.)	To (Mo./Yr.)	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	Reason for Leaving
Your Duties			

STATEMENT OF UNDERSTANDING

- I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide the City of Tacoma representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligible list or, if I have been appointed, cause my dismissal from the City service. I understand all statements made on this application may be investigated.
- I understand the City of Tacoma has an ethics code and, if hired, I will be required to read it and comply.
- If hired, I agree to comply with the City's policy that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and will notify my employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- I understand I must be able to prove authorization to work in the United States at the time of a job offer.
- I understand employment with the City of Tacoma may be subject to passing the post-offer, pre-employment medical examination including a drug screen, and may include a thorough background investigation.

Signature: _____ Date: _____